

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90015 033 ***150.00

DOCUMENT # P03000135962

1. Entity Name
RAIS VIDA, INC.



Principal Place of Business

11091 SW 65TH ST
MIAMI, FL 33173

Mailing Address

11091 SW 65TH ST
MIAMI, FL 33173

24004210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0853232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE JORDAN, ELIA K
11091 SW 65TH ST
MIAMI, FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME JORDAN, ALDO
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JORDAN, ALDO
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☒ Delete

TITLE D
NAME JORDAN, ELIA K
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☒ Change ☐ Addition

TITLE VPD
NAME ARANA, ISABEL
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DE JORDAN, ELIA KING
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MMTD
NAME JORDAN, ALDO II
STREET ADDRESS 11091 SW 65TH ST
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

ALDO JORDAN, PRESIDENT

07.23.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #